

# Home Health Technical Advisory Committee Meeting Minutes- March 25, 2015

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## **Technical Advisory Committee Members present:**

Sharon Branham- KHCA  
Billie Dyer- Nurse Administrator, MEPCO HH- KHCA  
Susan Stewart- System Director, ARH- KHCA  
Rebecca Cartright- Executive Director, Baptist- KHCA

## **Department for Medicaid Services staff present:**

Gregg Stratton- Division of Community Alternatives, HCBS Branch Manager  
Elizabeth Justus- Division of Program Quality and Outcomes- Branch Manager  
Lynne Flynn- Medicaid Commissioner's Office- Advocacy Liaison  
Sheila Davis- Division of Community Alternatives- MH/IDD Branch Manager  
Erin Varble- Division of Community Alternatives- Director's Office

## **Department for Aging and Independent Living staff present:**

Tonia Wells

## **Managed Care Organization representatives present:**

Jack Bolos- Passport  
Mary Hieatt- Humana Care Source  
Laura Crowder- Coventry  
Holly Garcia- Coventry  
Pat Russell- Wellcare  
Matt Fitzner- Anthem

## **Others present:**

Annette Gervais- Operations Manager- KHCA  
Arianna Afshari- Operations Manager- KHCA

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The Home Health Technical Advisory Committee met on March 25, 2015 at 11:00 AM. Meeting was chaired by Sharon Branham, KHCA.

- I. Meeting was called to order.
- II. Introductions were made.
- III. Going to try and give the MCO's a heads up on issues for discussion at the meetings
- IV. Motion was made to approve the minutes from the January Meeting. Motion was seconded and approved.
- V. OLD BUSINESS
  - a. Medicaid Waiver Management Meetings were held in various places. The reports back to me were that they were confusing to the attendees due to the fact that Deloitte did not have specific answers for questions. This has created a tremendous

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amount of confusion for providers although I have been referring all providers to the Medicaid web site for information. I did email the presentation slides to assist the membership with information stressing that this is not the HCB Final Rule. Have all training seminars been provided (some may have been cancelled due to weather in Feb.)?

- i. Gregg Stratton responded "There are ten remaining training classes scheduled, plus an additional 3 makeup sessions targeted for those agencies that have not sent anyone to training yet. Regarding a training contact, if individuals have questions about the schedule or training locations, they can contact ECU at [MWMATRIS@ECU.edu](mailto:MWMATRIS@ECU.edu). For all other questions they can contact the MWMA mailbox at [wcm\\_implementation@ky.gov](mailto:wcm_implementation@ky.gov).

1. We are logging questions from classes and when possible, we are providing answers to participants before the end of each two-day session. For outstanding questions, we are working with the functional team to clarify answers and update our frequently asked questions (FAQs) which will be posted on the TRIS site and MWMA Information Page.

- ii. Looking into the first full week of April for the makeup sessions.

- iii. Are the trainings regional? Now the trainings are full, and can't get in.

1. May have to travel in order to attend.
2. Email the above address about these trainings.
3. Billie's group getting pushed out of trainings.
  - a. Billie has emailed the above address and gotten no response. Is there an individual she can contact?
  - b. Pamela Waller was originally working on those original correspondences.
  - c. Billie to get her info to Tonia and Tonia to follow up and see if she can get them into a training.

- iv. Training materials will also be available online, especially for those who can't attend the actual trainings.

- v. The system is not mandatory on April 17<sup>th</sup>. It is highly recommended that everyone start using it on the 17<sup>th</sup>.

- vi. Will continue to deliver care in the same way they have always done it? Is that true? HH will be able to provide care and case management until when?

1. New services are needed, regardless of waiver. You will onboard the client. Email went out to whoever in the agency does billing.
2. Recommended to manually input current clientele into the system by July 1, 2015.
  - a. Each will take about 5 minutes to onboard.
  - b. This will also include permissions for employees.

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3. For new clients, there will be a questionnaire, application process in order to ensure that they are placed in the proper waiver.
4. For all intents and purposes the process for waiver application will still be the same as it is now, it will just take place electronically instead of on paper.
  - a. MAP 351 will still be in paper version. Will need to be scanned and then uploaded.
- b. Lynne- Three separate things are going on with HH at the same time.
  - i. HCB Waiver is up for renewal. Changes will occur with the renewal. Summary of changes is posted on website. Open for comment until March 29<sup>th</sup>, so that the waiver can be submitted on April 1<sup>st</sup>.
    1. Some of the programmatic changes will go into effect on July 1<sup>st</sup>.
      - a. The Home delivered meals and the Personal Emergency Response Systems. (like Lifeline)
      - b. Going to schedule trainings for the programmatic changes as soon as they can.
  - ii. Thing # 3: The Federal HCB Rule, requiring changes in all waivers.
    1. Out doing Provider webinars, and forums. (All 5 in February had to be postponed)
    2. Forums are designed for clients to get information.
    3. Had a lot of HH and ADHC providers attend, and Lynne was unable to answer specific questions about the HCB Waiver.
      - a. Forum was to discuss the overall changes to all the waivers
      - b. Took the questions from the Providers back and will get the answers. Maybe put out on a FAQ sheet.
  - iii. Some items should have already been in place since March of 2014.
    1. Conflict Free Case mgmt. is one of those services.
  - iv. Implementation of all settings changes in place by Nov. 2015.
    1. Adopting ordinary regulations, addressing the changes.
  - v. Set of changes that were most difficult to implement that are to be in place by 2019.
    1. Will have a transition period between 4/1/15 and 11/8/15. Then a subsequent transition period after that.
    2. If someone is in a conflicting relationship, have time to remedy that.
      - a. Unless they are the only provider within a 30 mile radius of the clients home. (Geographic Exception)
  - vi. Rate for the new services.
    1. Not out yet.
    2. What was originally proposed, \$21, when currently getting \$26 an hour? To perform two services that has now been combined.

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Already losing money with the rate at \$26, how are we going to make it work when going to make even less money?

- a. That is not the rate. Commissioner Anderson in looking into an appropriate rate. Probably approximately between \$24-25. Final decision hasn't been made yet.
- 3. Cap rate per day, for all services.
- 4. Potentially loose case management services, which is where they make up some of the money they lose when providing in-home services.
  - a. Agencies debating on whether to continue in the waiver programs.
- 5. Looking into all these concerns and working to alleviate these concerns.
- vii. Going to open up In-Home services to ADHCs and ADD and other agencies.
  - 1. Everyone will want to be a case manager and no one will want to provide the services.
- viii. Questions about forums send to [ToniaA.Wells@ky.gov](mailto:ToniaA.Wells@ky.gov)
  - 1. Forums are consumer forums, not providers, concerning all Final Rule changes, not just the HCB Waiver.
- c. Billy didn't receive invite to webinar on Mar. 10-12.
  - i. Do we have the archive info for the Provider webinar on Mar. 10-12?
    - 1. Probably not posted yet. Will send to Sharon when it does.
  - ii. Please email [CMSFinalHCBRule@ky.gov](mailto:CMSFinalHCBRule@ky.gov) to add you email address to the list of people to receive webinar invites.
  - iii. May be that staff change caused the lack of email communication.
  - iv. Once approved, written answers to forum questions will be posted as well.
- VI. Earl gave list of Case Management Agencies.
  - a. Some independent, some HH agencies.
  - b. How do you get on this list?
    - i. Missing a lot of HH agencies, that are providing waiver/case management services.
  - c. Lynne, Tonia and Gregg to follow up and see what is going on with the list.
    - i. List may not be what Sharon was actually looking for. Sounds like a list of providers for all services/waivers.
    - ii. Really looking for list of agencies that provide case management for the HCBS waiver.
- VII. Sharon requested info about the Pickle amendment.
  - a. Sheila has a handout about the Pickle amendment. (see Pickle)
    - i. Identifying people who should never have been assessed a patient liability.

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1. As these people are identified, letters are being sent to the providers and the members stating the issue.
  2. When these people receive these letters, the providers should scan a copy of the letter, with their provider number and the members MAID number on it, and send it to Sheila, requesting a mass adjustment.
  3. Sheila will request a mass adjustment from HP.
  4. Once reviewed and approved. HP will send a payment to provider.
    - a. Provider will then pay the client.
  - ii. Concern about a large quantity of money suddenly appearing in a client's account, will kick them out of Medicaid eligibility.
    1. On letter, there are suggestions on how to pay client back, put in a trust.
  - iii. Haven't heard of anyone losing their services from this so far.
  - b. If agency never collected the patient liability from the client; the money stays with the agency.
  - c. What about deceased clients? Does it go to next of kin?
    - i. Not sure, think it would be next of kin.
- VIII. OLD BUSINESS
- a. Follow up with Public Home Health Agencies and contracts with MCOs.
    - i. Passport and Anthem- sort of dead in the water- no progress has been made that Billy knows of.
  - b. Contracts with DME Providers.
    - i. Pat with Wellcare- Thought it was already resolved. Pat to check.
  - c. Contracts with Therapy Providers (outside of home health) which if I need to direct to the provider relations of each MCO. Would each MCO please provide Sharon with updated list of whom to contact.
    - i. Looking for contacts on who to contact to expedite claims.
    - ii. All the MCO's are to send Sharon their contact information.
    - iii. Billy- IF it comes from Sharon, she is the last resort they use, many attempts have been made by home care to resolve issue already.
  - d. Care Core (PT/OT) Training conducted with participants over the course of three days. Wellcare did provide the PowerPoint slides for the webinar.
    - i. 120 people attended.
      1. Currently reaching out to other groups, and will do these on a regional/individual basis as needed.
      2. Pat to help set up with Billy.
    - ii. Delay in getting Pas back within 48 hr. turnaround target time.
      1. Now have another group monitoring it on a weekly basis.
      2. Two fax numbers?

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- a. Shouldn't be two numbers, Sharon to get info to Pat.
- iii. Complaints that Wellcare doesn't make the best decisions.
  - 1. Wellcare reaching out, to try and establish a taskforce to address this issue.
- iv. Denials for Limits:
  - 1. NO LIMITS as long as medical necessity is met. Based on Interqual standards.
- v. Pediatric Form not on line (where to find?)
  - 1. Pat sent link to Sharon.
- vi. Will written PA numbers be given for Therapy and EPSDT?
  - 1. Yes, and be sure to put that number on any claims.
- vii. PA dates of requests not matching the dates of receipt.
  - 1. Please send examples.
- viii. What number to FAX authorizations to?
  - 1. Prefer to send through the Portal. Need to fill out the CareCore worksheet and any other substantiating evidence.
- ix. WellCare states no Pre-Auth is needed under \$500. But are denying due to individual supply amounts. For example 50 units of 4x4's and they wil only pay for 47. What is the limit and appropriate way to bill this?
  - 1. Send Pat examples.
- x. Limits on home health services and combination of in-patient services.
  - 1. No Combining.
- e. WellCare and CareCore have agreed to extend authorization recertification period from once a month to once a quarter.
  - i. Can make common knowledge.
- f. Saline limits- no way anyone can hit that limit. Send example.
  - i. Coventry Fax blast indicates changes for PA for services. Request has not been answered as to what form is to be used? Continue with the MAP 130.
    - 1. Can continue with the MAP 130.
  - ii. Follow up on EOB request for Medication Refill.
    - 1. Holly is working on this.
- g. Anthem is taking up to 4 weeks to authorize visits, the patients have wound care, and wound vacs and they can't miss their visits. Agencies are providing care in good faith.
  - i. Had a backlog.
  - ii. Thought it was just a backlog with therapy services.
  - iii. This has been within the past 30 days.
  - iv. Now addressing those issues internally at the moment.
  - v. Take back and research.
- h. Anthem is including supplies in a per diem rate, when did this change?

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- i. Took back from last meeting. Put in a new edit.
    - ii. Reprocessing and hopefully this is being resolved.
    - iii. No timeframe for completion yet. Currently testing system.
  - i. Agencies are having issues with Medicaid MCO recipients being switched from one MCO to another in the middle of the month. Agencies were told to check the site daily but that is not a practice that most agencies can accommodate. When a PA is given from one MCO agencies function under that additional PAs are needed or other services are requested. Why is this occurring and when did it start?
    - i. Have heard of this issue at other TACs as well.
    - ii. Currently no answer from the MCO side.
    - iii. Sharon to give to Elizabeth Justus to follow up.
      - 1. All within the last 45-60 days.
  - j. Matt Fitzner requested to be included when issues are not being answered.
- IX. Next meeting is May 27<sup>th</sup> at 11AM.